# **Deferral Application for Senior Citizens and Disabled Persons**

Complete this application and file it with your local County Assessor at least <u>30 days prior to the date the taxes or special assessments are due</u>. For assistance in completing this form contact King County Assessor's Office by calling (206) 263-2386 or (206) 263-2323.

1. This deferral application is far (about all that apply and list all tax	vegers to be noid).
1. This deferral application is for (check all that apply and list all tax	
Real Property Taxes due in the year(s):	
Special Assessments due in the <b>year</b> :	Also complete Part 4 on page 2.
Applicant:Age	:Date of Birth:
Spouse or Domestic Partner:	Date of Birth:
Mailing Address:	
Home Ph: Cell Ph: Email .	
Co-tenants (someone who lives with you AND has an ownership interest	in your home):
	_
Other occupants:	
Property address: (If different than mailing)	
County Parcel No:	
2. Please check the appropriate box. Proof of age or disability is re	equired.
☐ I am or will be 60 years of age or older by December 31 of the ta	x current year.
☐ I am under 60 years of age and I am retired from	
regular gainful employment due to a disability.  Date of Di  I am the surviving spouse or domestic partner of a person who w	-
previously receiving this deferral and I was at least 57 years of a	ge in the Spouse or Domestic
year my spouse/domestic partner passed away.	Partner Date of Death:
Ownership and Residency:	
☐ I own or am purchasing this residence. Date Purchased:	
NOTE: Share ownership in cooperative housing, life estates, lead the ownership requirement for this program. If you and/or your spate to a hospital or nursing home, your home is still considered to be	pouse/domestic partner are temporarily confined
Mortgage Information:	
☐ Yes ☐ No I have a mortgage, purchase contract, or deed of true on page 4 and answer the question below.	st. <b>If yes</b> , report your mortgage balance in Part 8
☐ Yes ☐ No My mortgage company withholds a certain amount e	
on page 2. Your lender must sign this application assessor or his/her deputy. This ensures the first l	
This box to be completed by the Assessor's Office	True and Fair (Market) Value as of January
This box to be completed by the Assessor's Office	1 of the Application Year
Date approved by Assessor:	Land: \$
Application number:	Building: \$
**Note: If no insurance OR if state is not listed as "loss payee", use land value for total value and then stop at "Equity Value".	Total: \$ Equity Calculation
Total Liens and Obligations from Page 4:	\$
Equity Value** = Total Value minus Total Mortgages:	\$
Deferral Limit = 80% of Equity Value:	\$
This box to be completed by the Depar	tment of Revenue
	d as Loss Payee None Lien Filed
Equity Polonos: \$ Equity OK Processed by	" Paviowed by"

3.	My residence is a ☐ Single family dwelling	☐ Multi-unit (	dwelling/condom	inium	☐ Mobile home
	Mobile Homes: Do you own the land the mobile ho	me is located	l on:	☐ Yes	□No
	Name of mobile home park if applicable:			S	Space No:
Th	is property includes: (Check all that apply)				
	☐ My principal residence and up to one acre of lar	nd			
	More than one acre of land				
		overnonte the	at are not normal	lly part of a	rasidanas
	More than one residence and/or additional impr (i.e. commercial buildings or improvements)	Overnents the	at are not norma	ily part or a	residerice
	,	If I	ocal zoning and	land uso re	egulations require
	y total parcel or lot size:				d per residence in
<u>li</u>	flarger than one acre, what is the minimum parcel size required for	the area where you live you may be able to defer			
	each residence by local zoning or		e property taxes ve) acres.	for your en	tire parcel, up to 5
	land use regulations:	acres	(c) acres.		
Cł	neck only one box:   I have attached the legal des				
	the residence. I understand include the value for this port			equity caic	ulation will only
	☐ I have elected to allow you to	file your lien	on my entire pa	rcel, even	though the deferral
	of taxes or assessment may	not cover the	entire parcel.		
4.	For special assessment deferrals, the following in	formation m	ust he supplied	1-	
⊸.	To special assessment deterrals, the following in		essment #1		Assessment #2
	Jurisdiction to whom the special assessment is paid				
	Type of improvement or special assessment				
	LID, ULID or special assessment number				_
	Annual due date(s)				
Was the installment method selected for payment?		Yes	s 🗌 No		Yes 🗌 No
		☐ Not	Available		Not Available
_	<del>-</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5.	To be completed by your lender if the monthly motaxes. (See Mortgage Information under Part 2 on		nent includes a	n amount	to pay real property
	Lien Type:		or	Deed of T	rust
	– •• –				
	Name of mortgage company or holder of contract or o				
	Auditor's Recording No:				
	The holder of the agreement must sign this applic assessor or his/her deputy.	ation either	before a Notary	Public or	before the
	assessor of marner deputy.				
-	Signature of Mortgage, Company Representative, Con-	tract Holder,	etc. Title		
	Subscribed and sworn to before me this				
	of,				
	(year)				
	Notary Public or Assessor or Deputy in and				
	for the State of				
	for the State of				
	residing at				

	Combined Disposable Income Worksheet	20	County Use
	As defined in RCW 84.36.383 (4) and (5) and WAC 458-16A-100 (6) and (12)	Income Year	Checklist
	IMPORTANT: PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.		
Inc	ome:	\$\$ Amount	☐ IRS Tax Return
Α.	Yes No Did you file a <u>federal tax return</u> ? If yes, enter your <u>Adjusted Gross Income</u>		 □ 1040
	(AGI) from your federal tax return. Attach a complete copy of your return.		☐ 1040-A or EZ
B.	☐ Yes ☐ No Did you have <u>capital gains</u> that were not reported on your tax return?		☐ Sch D
	Do not add the gain from the sale of a primary residence if you used the entire gain to		Form 4797 or 6252
	purchase a replacement residence within the same year. <b>Do not use losses to offset gains.</b>		☐ Other
C.	Yes No Did you have deductions for <u>losses</u> included in your tax return? If yes,		☐ Sch C
	the losses must be added back to the extent they were used to offset/reduce income. (Ex: On		Sch D
	Schedule D, you reported a (\$10,000) loss but the loss was limited to (\$3,000), shown on Line		☐ Sch E
	13 of your 1040. Add the (\$3,000) loss used to offset/reduce your income.) (Ex: You filed two Sch C's – one with a (\$10,000) loss and one with a \$5,000 net income. A net loss of (\$5,000)		☐ Sch F
	was reported on your 1040, Line 12. Add back the (\$10,000) loss.)		☐ Other
D	Yes No Did you deduct <u>depreciation</u> expense in your tax return? If yes, that		☐ Sch C
٠.	expense must be added back to the extent the expense was used to reduce your income. (Ex:		Sch E
	Net loss reported: If you deducted depreciation as a business and/or rental expense that		Sch F
	resulted in a loss, recalculate the net income/loss without the depreciation expense. If there is		☐ Sch K-1
	still a net loss enter -0- here, if there is net income enter the net income here.)		Other
Ε.	Yes No Did you have nontaxable <u>dividend or interest</u> income, <u>or</u> , income from		Bank Statements
	these sources that was not reported on your tax return? If yes, add that income here.		☐ 1099's
_	Include non-taxable interest on state and municipal bonds.		Other
Г.	Yes No Did you have nontaxable <u>pension and annuity</u> income, <u>or</u> , income from these sources that was not reported on your tax return? If yes, report the amounts here.		□ 1099's
	(Ex: You received \$10,000 in pensions and annuities. The taxable amount was \$6,000.		Other
	Report the nontaxable \$4,000 here.) Do not include non-taxable IRA distributions.		
G.	☐ Yes ☐ No Did you receive military pay and benefits that were nontaxable, or,		☐ DFAS Statement
	income from these sources that was not reported on your tax return? If yes, report that		☐ 1099's
	income here, including CRSC. Do not include attendant-care and medical-aid payments.		☐ Other
Н.	☐ Yes ☐ No Did you receive <u>veterans pay and benefits</u> from the Department of		☐ VA Statement
	Veterans Affairs that was nontaxable, <u>or</u> , that was not reported on your tax return? If		☐ 1099's
	yes, report that income here. Do not include attendant-care and medical-aid payments,		Other
	disability compensation, or dependency and indemnity compensation paid by DVA.		
I.	☐ Yes ☐ No ☐ Did you receive nontaxable Social Security or Railroad Retirement  Benefits, or, income from these sources that was not reported on your tax return? If		SS Statement
	yes, report that income here. (Ex: Your gross Social Security benefit was \$10,000 and \$4,000		RRB Statement
	was included in AGI as the taxable amount, report the non-taxable \$6,000 here.)		- TAND Glatement
J.	☐ Yes ☐ No Did you receive income from <u>business</u> , <u>rental</u> , <u>or farming activities</u>		☐ Sch C
	(IRS Schedules C, E, or F) that was not reported on your tax return? Report that income		Sch E
	here. You can deduct normal expenses, except depreciation expense, but do not use losses		☐ Sch F
	to offset income.		☐ Other
K.	☐ Yes ☐ No Did you receive <u>Other Income</u> that is not included in the amounts on		Other
	Lines A - J? Give source, type, and amount.		Other
	Subtotal Income:	\$	
Dic	I you have any of the following Allowable Deductions?		
L.	☐ Yes ☐ No Nursing Home, Boarding Home, or Adult Family Home costs.		☐ Other
М.	☐ Yes ☐ No In-Home Care expenses. See instructions for qualifying expenses.		☐ Other
		_	☐ Printout/Receipt
N.	<ul> <li>Yes □ No Prescription Drug costs.</li> <li>Yes □ No Medicare Insurance Premiums under Title XVIII of the Social Security</li> </ul>		-
Ο.	Act (Parts B, C, and D). Currently, there is no allowable deduction for supplemental, long-		SS Statement
	term care, or other types of insurance premiums.		Other
Р	☐ Yes ☐ No Enter -0- here if you filed a return with IRS and entered an amount on		
• •	Line A. If you did not file a return with IRS and you had expenses normally allowed by IRS		П
	as adjustments to gross income, enter those deductions here. Allowable adjustments include		
	alimony you paid, tuition, moving expenses, and others. See the instructions.		
	Subtotal Allowable Deductions:	\$	
	Total Combined Disposable Income:	<u> </u>	
<u>ر</u>	unty Use Only:	<del></del>	
-00	unty 036 Offig.		

My home is insured:	_ No     L Yes     If y	yes, my Fire and C	Casualty Insurance is	provided by:
ompany Name:			Policy No.:	
mount of dwelling coverage:	\$		Expiration Date:	
cal agent:	Phone No.:			
Washington State Department Washington State Department velling cannot be included in the ocumentation, you must provide ax Division, PO Box 47471, Oly	of Revenue is not listone equity calculation and eacopy of your policy	ed as a loss payee nd your equity will b y. Mail it to Washing	on your insurance police be based on the value of gton State Department	of the land only. For
Liens and obligations			ces of all mortgages ar	nd liens against the
☐ Yes ☐ No Revers	se Mortgage <i>(lien bala</i>		\$	
☐ Yes ☐ No 1 <sup>st</sup> Mor	rtgage (lien balance)		\$	_
☐ Yes ☐ No 2 <sup>nd</sup> Mo	ortgage (lien balance)		\$	_
☐ Yes ☐ No Specia	al assessment balance	e(s)	\$ \$ \$	_
☐ Yes ☐ No Baland	ce on other liens, lines	s of credit, etc.	\$	_
		TOTAL L	iens and Obligations	\$
<ul> <li>(Your spouse or days of your dat</li> <li>Condemnation of except as other</li> <li>Such time as thi</li> <li>Failure to keep f</li> </ul>	s my surviving spouse domestic partner must be of death.) of this property by a powise provided in RCW is residence is no long fire and casualty insurved amount does not exist of perjury that the	st file an application ublic or private body 484.60.070. ger my primary residence in sufficient at exceed my equity with the information reporter.	mount to protect the into value in the land or lot o ed on this application for	of eminent domain, erest of the state, nly.
<ul> <li>I understand that <u>future</u> property taxes or specia</li> </ul>	deferrals are not autor	matic and that I mu		
I understand that the an	nual interest rate on	deferrals made o	n or after January 1, 2	007 is <u>5%</u> .
<ul> <li>I have attached copies balances, and fire and</li> </ul>			information, current r	mortgage and lien
Your Signature (or the signa	ature of your authori	ized agent)	Date	Percentage of Interest
				%
Signatures Spouse or Dome owners of interest on the de		ants, and all other	Date	Percentage o Interest
				%
				%

For information on the laws and rules governing this program, visit <u>dor.wa.gov</u> or contact the Deferral Administrator at (360) 534-1413. Teletype (TTY) users may call (360) 705-6715.

# Instructions for Completing the Income Section of the Deferral Application for Senior Citizens and Disabled Persons

To avoid delays in processing your application, remember to answer all questions, include all of the required documentation, and sign the form. Anyone who has an ownership interest in the property must sign the form.

Leave the "County Use Only" areas blank.

You must include documentation showing you meet the age or disability requirement. You must also include documentation of your income; account balances for existing mortgages or other liens against your property; and a copy of your insurance policy showing the State of Washington Department of Revenue listed as "loss payee". Without insurance documentation, we will only include land value in the equity calculation. If you have questions about what to include, contact King County Assessor's Office.

### **Instructions for Completing the Income Section**

#### How is disposable income calculated?

The Legislature gave "disposable income" a specific definition. According to RCW 84.36.383(5), "disposable income" is adjusted gross income, as defined in the federal internal revenue code, <u>plus</u> all of the following that were not included in, or were deducted from, adjusted gross income:

- Capital gains, other than a gain on the sale of a principal residence that is reinvested in a new principal residence;
- Amounts deducted for losses or depreciation;
- Pensions and annuities (<u>annuities</u> also include income from unemployment, disability, and welfare);
- Social Security Act and railroad retirement benefits;
- Military pay and benefits other than attendant-care and medical-aid payments;
- Veterans pay and benefits other than attendant-care, medical-aid payments, veterans' disability benefits, and dependency and indemnity compensation; and
- Dividend receipts and interest received on state and municipal bonds.
- ◆ This income is included in "disposable income" even when it is not taxable for IRS purposes.

Important: Include all income sources and amounts received by you, your spouse/domestic partner, and any co-tenants during the application/assessment year (the year before the tax is due). If you report income that is very low or zero, attach documentation showing how you meet your daily living expenses. Use Line K to report any income not reported on your tax return and not listed on Lines A through J.

#### What if my income changed in mid-year?

If your income was substantially reduced (or increased) for at least two months before the end of the year <u>and</u> you expect that change in income to continue indefinitely, you can use your new average monthly income to estimate your annual income. Calculate your income by multiplying your new average monthly income (during the months after the change occurred) by twelve.

**Example:** You retired in September and your monthly income was reduced from \$3,500 to \$1,000 beginning in October. Multiply \$1,000 x 12 to estimate your new annual income.

 Report this amount on <u>Line K</u> and do not complete Lines A through J. Provide documentation that shows your new monthly income and when the change occurred. Line K – Report all household income not already included or discussed on Lines A through J. Include foreign income not reported on your federal tax return and income contributed by other household members not shown in Part 1. Provide the source and amount of the income.

## <u>Lines L - O - What is combined disposable income?</u>

RCW 84.36.383(4) defines "combined disposable income" as your disposable income plus the disposable income of your spouse or domestic partner and any co-tenants, minus amounts paid by you or your spouse or domestic partner for:

- Prescription drugs;
- ◆ Treatment or care of either person in the home or in a nursing home, boarding home, or adult family home; and
- ◆ Health care insurance premiums for Medicare. (At this time, other types of insurance premiums are not an allowable deduction.)

Care or treatment in your home means medical treatment or care received in the home, including physical therapy. You can also deduct costs for necessities such as oxygen, special needs furniture, attendant-care, light housekeeping tasks, meals-on-wheels, life alert, and other services that are part of a necessary or appropriate in-home service.

#### Special instructions for Line P.

If you had adjustments to your income for any of the following <u>and</u> you did not file an IRS return, report these amounts on Line P and include the IRS form or worksheet you used to calculate the amount of the adjustment.

- Certain business expenses for teachers, reservists, performing artists, and fee-basis government officials
- Self-employed health insurance or contributions to pension, profit-sharing, or annuity plans
- Health savings account deductions
- Moving expenses
- ◆ IRA deduction
- Alimony paid
- ◆ Student loan interest, tuition, and fees deduction
- ◆ Domestic products activities deduction

CONTACT KING COUNTY ASSESSOR'S OFFICE FOR ASSISTANCE IN COMPLETING THIS FORM. 500 FOURTH AVENUE RM 740 SEATTLE, WA 98104 (206) 263-2386 OR (206) 263-2323